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PTO/SB/21 (modified)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

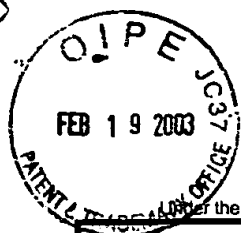
0001/PTO Rev. 10/95 TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/459,493	
		Filing Date	December 13, 1999	
		First Named Inventor	Moshe Rubin	
		Group Art Unit Number	2787	
		Examiner Name	Not yet known	
Total Number of Pages in This Submission		3	Attorney Docket Number	21939-04693

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SIGNATURE OF ATTORNEY OR AGENT			
Signature:	<i>Laura Majer</i>		
Attorney/Reg. No.:	Laura A. Majerus, Registration No. 33,417	Dated:	February 07 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:	<i>Laura Majer</i>		
Typed or Printed Name:	Laura A. Majerus	Dated:	February 07 2003



PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/459,493
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To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

All patents and patent applications owned by Alchmedia have been sold to Finjan Software, Ltd. and Fenwick & West's files have been transferred to Finjan's attorneys.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Marc Sockol Squire, Sanders & Dempsey L.L.P.				
Address	600 Hansen Way				
City	Palo Alto	State	California	Zip	94304-1043
Country	United States				
Telephone	(650) 856-6500	Fax	(650) 843-8777		

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____

on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Laura Majerus
Signature	Laura Majerus
Date	02/07/03

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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PTO/SB/93 (03-02)

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- on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

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